

University of Illinois at Chicago
Academic Staff
2008-2009 Report of
Non-University Activities (RNA)

DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name: Aronson
First Name: Sari
Title / Rank: Clinical Professor
College: Medicine
Dept. / Unit: Psychiatry
Appointment 50 %

University Contract Period¹
☐ 9 months/☐ 10 months/☒ 12 months/☐ Summer

PART I. Conflict of Interest Screening

Please attach an explanatory statement for all "yes" responses.

1. Do you have a consulting or other financial relationship with a sponsor of your research? ☐ yes* ☒ no
2. Do you or does any member of your family² have a managerial role or a significant³ financial relationship with a company that does business with the University or with a company in a field of your research? ☐ yes* ☒ no
3. Do you have non-University professional activities or income producing activities involving University of Illinois students, or other faculty or staff? ☐ yes* ☒ no
4. Do you or does any member of your immediate family have any other relationships, commitments, or activities that might present or appear to present a conflict of interest or commitment with your University of Illinois appointment? Such relationships may include financial or fiduciary interests or uncompensated activities. Report these whether or not you believe the conflict is manageable. ☐ yes* ☒ no

*Please list and explain in an attached statement any "yes" responses to the questions above. Lists in Part II do NOT suffice as explanation.

PART II. Listing of Non-University Income Producing Activities

- * If your appointment is less than 75% time, you do not need to complete this section.
- * Report total number of days, where an accumulation of eight hours equals one day, regardless of time of day or day of week.
- * Do not include amounts of compensation.
- * Do not report "various" when reporting retrospective activity.
- * Attach additional sheets if necessary

Nature of your activities (see instructions for examples)	For whom (e.g., company/ organization)	Do you have an ownership interest in this company / organization? (If so, please explain in an attached statement.)	2007-2008 Aug.16 - Aug.15 <u>Retrospective</u> Days Spent During this Reporting Period	2008-2009 Aug.16 - Aug.15 <u>Prospective</u> Days to be Spent in Current Reporting Period

☒ **I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT**

PART III. Affirmation

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest⁴ and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.

Academic Staff Member's Signature

Sari G. Aronson MD

Date 9/24/2008

Please submit to your unit head for administrative review and approval.

¹ Check all that apply. The University contract period includes evenings, weekends and holidays during the term of employment.

² University Policy defines "Family" as one's spouse and children.

³ Federal research regulations define "significant" as financial interests exceeding \$10,000 or representing more than 5% ownership regardless of dollar value. The Illinois Procurement Code (5 Illinois Compiled Statutes 500/50-13) prohibits the award of University contracts to companies in which University employees who earn more than 60% of the Governor's salary have either (a) ownership interests in excess of 7 1/2% or (b) entitlements to annual income in amounts in excess of the salary of the Governor (Governor's salary \$177,412 as of July 1, 2008.)

⁴ The University Policy on Conflicts of Commitment and Interest is available at: http://www.vnaa.uillinois.edu/policies/conflict_toc.asp

Administrative Review and Approval, UIC RNUA 2008-2009

(Please complete the Conflict of Interest/Commitment Review AND Approval of Activities sections. See Instructions for Administrative Review and Approval regarding forwarding and retention of the Reports of Non-University Activities). Deans/Directors should forward forms they receive and review to the Office of the Vice Chancellor for Research (or appropriate Vice President for UA Staff).

PART IV. Conflict of Interest/Commitment Review (Please attach a copy of any referenced explanation.)

A. Based on the activity reported and to the best of my knowledge and in my judgment:

- ☒ No conflict of interest or commitment exists.
- ☐ A conflict of interest or commitment may exist, but is being monitored by the department.
If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President).
- ☐ A conflict of interest or commitment may exist that warrants further review.
If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President).

B. Please complete if question 3 on page 1 of the form is answered affirmatively:

As described by the academic staff member, the involvement of University of Illinois students, faculty and/or staff in his/her non-University activities does not appear to be detrimental to those individuals.

- ☐ Agree
- ☐ Disagree
If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President).

PART V. Approval of Activities (Please attach a copy of any referenced explanation.)

A. Retrospective Activities (2007-2008)

- ☒ No retrospective activities are reported or all retrospective activities are approved.
- ☐ Some or all retrospective activities are not approved.
If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President).

B. Prospective Activities (2008-2009)

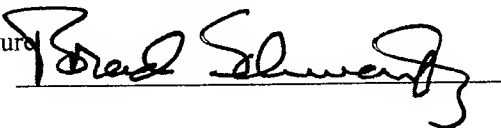
- ☒ No prospective activities are reported or all prospective activities are approved.
- ☐ Some or all declared prospective activities are not approved.
If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President).

The above information is correct and complete to the best of my knowledge.

Unit Head Signature _____ Date _____

PART VI. Review and Approval of Activities by Dean and Others as Required.

Dean/Director/VP Signature
(If approval needed)



Date 10/09/08

Additional Reviews
(Signatures)

Date _____

Date _____

DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name: HARLES
 First Name: CHARLES
 Title / Rank: Clinical Asst. Prof.
 College: MEDEGENE
 Dept. / Unit: PHYSICIAN
 Appointment: 10%

University Conflict Period:
 7 months / 10 months / X 12 months / Summer

Section 1: Disclosure of Non-University Income Generating Activities

1. Please complete and submit responses to your percentage appointment.
 2. Please list the work, where an accumulation of eight hours equals one day, regardless of timing or day of week.

- Relationship with a supervisor of your research? ☐ yes ☒ no
2. Do you or does any member of your family have a managerial role or a significant financial relationship with a company that does business with the University or with a company in a field of your research? ☐ yes ☒ no
3. Do you have non-University professional activities or income producing activities involving University of Illinois students, or other faculty or staff? ☐ yes ☒ no
4. Do you or does any member of your immediate family have any other relationships, commitments, or activities that might present or appear to present a conflict of interest or commitment with your University of Illinois appointment? Such relationships may include financial or fiduciary interests or uncompensated activities. Report these whether or not you believe the conflict is manageable. ☐ yes ☒ no

Please list and explain in an attached statement any "yes" responses to the questions above. Place in Box II of this conflict of interest statement.

Nature of your activities (see instructions for)	For whom (e.g.,)	Do you have an ownership interest in this company / organization? (If so, please explain in attached statement)	Retrospective Aug. 16 - Aug. 15 Days Spent During this reporting period	Prospective Aug. 16 - Aug. 15 Days to be Spent in
Physician	Carle Clinica	Yes	42/year	92/year

☒ I HAVE NO ACTIVITIES TO REPORT

Section 2: Declaration and Interest and any other information in this statement must be submitted to the University of Illinois Office of the General Counsel, 1111 North 6th Street, Champaign, IL 61820-1111, by the deadline date shown on the cover. This form must be submitted.

Academic Staff Member's Signature: [Signature] Date: 11/11/00

Please submit to your unit head for administrative review and approval.

The University Policy on Conflicts of Commitment and Interest is available at: http://www.vpa.uillinois.edu/policies/conflict_msp.asp

Administrative Review and Approval, UIUC RNUA 2008-2009

(Please complete the Conflict of Interest/Commitment Review AND Approval of Activities sections. See Instructions for Administrative Review and Approval regarding forwarding and retention of the Reports of Non-University Activities). Deans/Directors should forward forms they receive and review to the Office of the Vice Chancellor for Research (or appropriate Vice President for UA Staff).

PART IV. Conflict of Interest/Commitment Review (Please attach a copy of any referenced explanation.)

A. Based on the activity reported and to the best of my knowledge and in my judgment:

- ☒ No conflict of interest or commitment exists.
- ☐ A conflict of interest or commitment may exist, but is being monitored by the department.
If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)
- ☐ A conflict of interest or commitment may exist that warrants further review.
If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)

B. Please complete if question 3 on page 1 of the form is answered affirmatively:

As described by the academic staff member, the involvement of University of Illinois students, faculty and/or staff in his/her non-University activities does not appear to be detrimental to those individuals.

- ☐ Agree
- ☐ Disagree
If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)

PART V. Approval of Activities (Please attach a copy of any referenced explanation.)

A. Retrospective Activities (2007-2008)

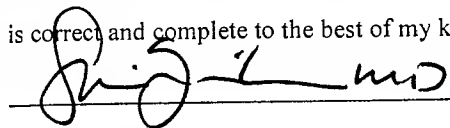
- ☒ No retrospective activities are reported or all retrospective activities are approved.
- ☐ Some or all retrospective activities are not approved.
If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)

B. Prospective Activities (2008-2009)

- ☒ No prospective activities are reported or all prospective activities are approved.
- ☐ Some or all declared prospective activities are not approved.
If so, please attach an explanation and forward to the next administrative level (Dean, Director, or Vice President.)

The above information is correct and complete to the best of my knowledge.

Unit Head Signature

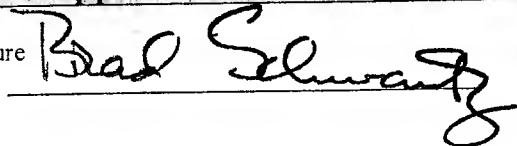


Date

11/19/08

PART VI. Review and Approval of Activities by Dean and Others as Required.

Dean/Director/VP Signature
(If approval needed)



Date

11-19-08

Additional Reviews
(Signatures)

Date

Date

University of Illinois at Urbana Champaign
Academic Staff
2008-2009 Report of
Non-University Activities (RNA)

DISCLOSURE AND REQUEST FOR PRIOR APPROVAL

Last Name: WHISENAND
First Name: JAMES L
Title / Rank: _____
College: MEDICINE
Dept. / Unit: PSYCHIATRY
Appointment 5 %
University Contract Period¹
9 months/ 10 months/ 12 months/ Summer

PART I. Conflict of Interest Screening

Please attach an explanatory statement for all "yes" responses.

1. Do you have a consulting or other financial relationship with a sponsor of your research? ☐ yes* ☒ no
2. Do you or does any member of your family² have a managerial role or a significant³ financial relationship with a company that does business with the University or with a company in a field of your research? ☐ yes* ☒ no
3. Do you have non-University professional activities or income producing activities involving University of Illinois students, or other faculty or staff? ☐ yes* ☒ no
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*Please list and explain in an attached statement any "yes" responses to the questions above. Lists in Part II do NOT suffice as explanation.

PART II. Listing of Non-University Income Producing Activities

- * Please complete this section regardless of your percentage appointment.
- * Report days per week, where an accumulation of eight hours equals one day, regardless of time of day or day of week.
- * Do not include amounts of compensation.
- * Do not report "various" when reporting retrospective activity.
- * Attach additional sheets if necessary

Nature of your activities (see instructions for examples)	For whom (e.g., company/ organization)	Do you have an ownership interest in this company / organization? (If so, please explain in an attached statement.)	2007-2008 Aug.16 - Aug.15 <u>Retrospective</u> Days Spent During this Reporting Period	2008-2009 Aug.16 - Aug.15 <u>Prospective</u> Days to be Spent in Current Reporting Period
<u>Care Clinic Association</u> <u>Attending Psychiatrist</u>	<u>Care Clinic</u>	<u>Yes, shareholder in the clinic.</u>	<u>5 to 7 days / wk.</u>	<u>5 to 7 days / wk.</u>

☐ I HAVE NO ACTIVITIES THAT I AM REQUIRED TO REPORT

PART III. Affirmation

I affirm that I have read the University's Policy on Conflicts of Commitment and Interest⁴ and the above information is true to the best of my knowledge. If significant changes in activities occur during the year, this form must be updated.

Academic Staff Member's Signature

[Signature]

Date

11/12/08

Please submit to your unit head for administrative review and approval.

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